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**California
Medicine**



EDITORIAL

Another Legislative Year

ANOTHER SESSION of California's state Legislature has come to a close, although the process of winding up this year's business required a special session called immediately on the adjournment of the 120-day legal session which convened in January.

On top of that, another special session in the fall appears more than a possibility.

California's system of legislation calls for the 80-member Assembly and the 40-member Senate to meet in odd-numbered years for the consideration of general legislative topics and in even-numbered years for consideration of a budget for the coming fiscal year. In addition, the Governor may call a special session to be held before or after a regular session or even concurrently with it. Where special sessions are called they may deal only with the topics specified by the Governor in his call.

The Legislature this year was as burdened as in past years with proposed bills. More than six thousand measures were introduced into the two houses of the body and, as usual, about one in ten had some bearing on the public health or the practice of the healing arts.

CMA's Committee on Legislation has already reported to the membership on the measures entrusted to it for passage. In all, 21 bills were introduced under CMA sponsorship. Of these, 15 were passed by the Legislature and sent to the Governor for signature. Three of the measures not passed were referred to interim committees for

study, two were not even considered in committee and one was combined into another bill which was passed.

This good record on the positive side was more than matched in the opposite direction, when nearly all measures opposed by the CMA were either defeated or assigned to interim study. The overall batting average ran quite high and the elected officials of the Association are well pleased with the year's results.

Among the major measures approved by the Legislature were several bills designed to tighten up on discipline for erring physicians. In brief, these bills will create a series of regional review committees which will work with the State Board of Medical Examiners in reviewing reported cases of medical practices not in the public interest which today are difficult to deal with adequately under the law as administered by the medical examiners or the code of ethics as handled by component medical societies. The review committees would be appointed from nominees selected by medical societies, by medical schools and by the Board of Medical Examiners. Three of the five members of each committee would be nominees of the medical societies in the region, so that the practicing physicians of the area would represent the major element of the committee.

Review committees would investigate and hear reported cases of medical incompetence, mental incompetence or other shortcomings which are not listed in the Medical Practice Act as subject to discipline for professional misconduct and which are not violations of the Principles of Medical Ethics and subject to medical society discipline. The physician who undertakes procedures beyond his capacity, or those for which he is not adequately trained, the physician who is suffering from a disturbed mental condition and is not confined, would come under the provisions of the new